

Healthpoint

Information from the Division of Health Care Finance and Policy

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HEALTH INFORMATION ONLINE

In a time focused on gathering as much information as quickly and as cost-effectively as possible, one of the most efficient tools is the Internet. As both the quantity of online information and the number of people accessing it have increased exponentially, so have the Internet's uses and influence on health care. A study by HealthCIO.com found that Dr.Koop.com recorded a 726% increase in visitors from January to October 1999.¹ One expert estimated that one in three patients who visits their doctor now brings information gathered from a health care Internet site.²

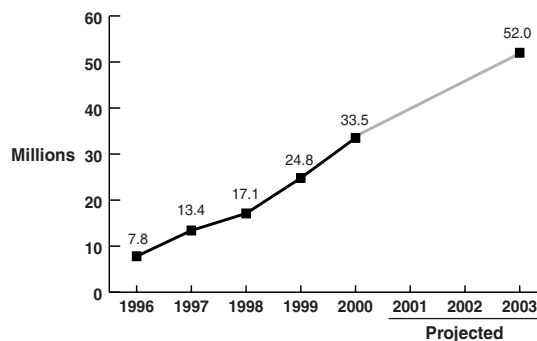
With an explosion in the number of health care world wide web sites and other health care applications online, the influence of the Internet is inescapable. While the innovations of our computer-centric society already result in administrative simplification and cost savings, some Internet applications in health care raise policy issues even before their effects are fully realized. This edition of *Healthpoint* looks at how the Internet affects health care and fuels consumer empowerment, threatens patient privacy, and highlights the limitations of regulatory oversight.

Consumer Empowerment

Current estimates indicate that 33.5 million Americans use the Internet to seek health information (see figure below) and to develop questions and preferences about their care options, formerly impossible without their doctors. While patient education and empowerment is viewed positively by most doctors, a newly educated consumer inevitably changes the historic doctor-patient relationship. Coupled with the existing suspicion many consumers feel toward managed care, this newfound "expertise" may irritate an already tenuous relationship between consumers, providers and payers.

There is growing concern that consumer awareness gained online and through advertising has led to rising medical and drug costs, and will continue to do so. One recent online survey

U.S. Adults Seeking Health Information Via the Internet



Source: Cyber Dialogue, 2000

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found that 79% of all respondents seek out drug information on web sites.³ Many consumers see the Internet as a way to arm themselves with the minimum information needed to navigate the health care industry, but may not be aware of what they don't see on the Internet—cheaper generic drugs or long-proven therapies that would also alleviate their condition.

Accuracy

Currently, consumers and providers have no assurance that information on the Internet is accurate or complete. The Federal Trade Commission has undertaken a number of sting operations to uncover quackery on the web. In 1999, they issued the results of Operation Cure.all, a two day audit of health information web sites which uncovered 800 sites containing promotions for questionable products or services marketed to improve health.⁴ An investigative study of health care web sites published in the *Journal of the American Medical Association* in 1998 found that only one percent of the research posted came from evidence-based sources and 82% of the sites did not list when the information was posted or updated.⁵

However, many consumers feel that for too long the channels for distribution of medical information were controlled by a relatively small group of academic researchers who disdained or ignored efficacious non-Western therapies and conducted clinical trials which omitted large cohorts of the American population. To these observers, the Internet opens new opportunities for obtaining information not subject to the long-standing rules of establishment medicine and its representative journals. In using this new channel of information, consumers should be aware that they may be sacrificing scientific rigor.

The Haves and the Have-Nots

With all the attention surrounding consumer empowerment and e-commerce, it is easy to overlook the fact that not all Americans are able to take advantage of the Internet. In a society which stands alone among industrialized nations in not universally insuring its citizens for health care, how will this latest tool impact its have-nots? The digital divide separates not only the poor from the rest but, very significantly, elders from the rest. Will separating elders, the most frequent users of health care, slow the Internet in reaching maximum effectiveness until a new computer literate generation of Americans become the elderly?

In its 1999 report, *The Future of the Internet in Health Care*, the Institute for the Future found that while about half of all Americans will have access to the Internet either at work or at home by the year 2005, there is a racial discrepancy in the number of homes with Internet connections.⁶ Among all income levels, Internet or e-mail access was available in the homes of 57% of whites but only 38% of blacks, narrowing in households with incomes under \$30,000 to 34% of whites and 19% of blacks.⁷ In January 2000, *Health Affairs* reported that only 15% of the U.S. population age 55 and over is online.⁸ As the health care industry more thoroughly incorporates Internet applications into daily business practice, including contact with patients, provisions must be made for those without Internet access.

Privacy

Perhaps the most important issue surrounding the use of the Internet in health care is ensuring the security of personal medical information online. This concern is not unique to health care but parallels, for example, concerns regarding credit card security during e-commerce transactions. A

recent survey of consumers found that 17% of Internet users do not search health information web sites at all because of privacy concerns, and 89% would not enter personal information on a web site if they knew it might end up in the hands of a marketer.⁹

These concerns may be justified given the results of an investigation into the security and privacy practices of 19 of the nation's most popular health care web sites.¹⁰ This study found that even sites with comprehensive policies and safeguards fail to protect the anonymity and privacy of visitors due to inconsistent enforcement practices, the action of hackers, and linkage to third party sites that do not uphold the same standards. It remains to be seen whether commercial health care sites requiring log-in identification will flourish and whether patients on a large scale will allow their medical information to be stored, exchanged or transmitted online. The health care industry must overcome real and perceived threats to privacy for the Internet to realize its maximum potential effectiveness in this arena.

Regulations

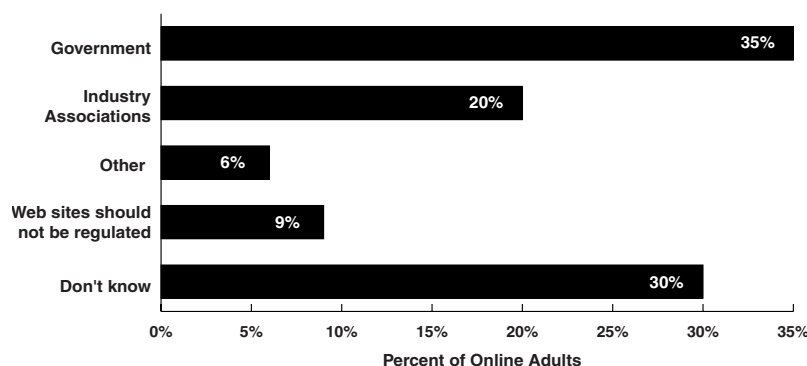
The growth of the Internet has increased concern regarding consumer protection in health care. While policy makers discuss whether and how to regulate the Internet, it is important to question whether anyone can regulate a world-wide link that is not controlled by one country, industry or entity (see figure right).

While the Clinton administration's established policy with regard to the Internet has been to encourage self-regulation, its budget proposal for FY01 includes \$10 million for the Food and Drug Administration (FDA) to set up a system to certify that prescription drug web sites comply with federal and state regula-

tions. State attorneys general also are taking an active role in the fight against online pharmacies by enforcing state statutes that prohibit dispensing prescription drugs by pharmacies not licensed in their state.¹¹ Last year, the National Association of Boards of Pharmacy introduced its Verified Internet Pharmacy Practice Sites (VIPPS) program. VIPPS issues a seal to pharmacy web sites meeting criteria developed by the body to ensure compliance with applicable state and federal regulations.

While these law enforcement efforts may curb some of the illegal sale of prescription drugs across state lines, creating new federal laws will do nothing to prevent companies outside the United States from violating consumer protection measures or selling drugs that have not been subject to stringent FDA clinical trials. The U.S. Customs Service recently joined with the government of Thailand to close down foreign web sites selling prescription drugs to American consumers over the Internet.¹² While many of the drugs hawked are illegal or strictly controlled in the United States, the fact that the same legitimate drugs sold here are more expensive than in almost any other country will continue to motivate Americans to bypass American pharmacies via the Internet. If both national and international efforts are inadequate in overseeing the Internet, is it sufficient

Who should be responsible for regulating health internet sites and the use of information obtained from visitors to those sites?



Source: Cyber Dialogue, 2000

to merely educate consumers that the “buyer beware” principle now applies to something as important as their health and well-being?

Conclusion

As market forces continue to allow and encourage consumers to take a more active role in their health care, policy makers and industry leaders struggle with how they can use these forces effectively without stifling the many benefits of the Internet. Policy makers should actively ensure that the privacy concerns of individuals are thoroughly addressed, establish ways to combat deception and false information online, and subject violators to strong penalties. In addition, consumers must continue to use judgement in assessing the sponsor and content of each health care site they visit. Moving forward, we should explore the uses of the Internet in health care with a sense of both wonder and caution.

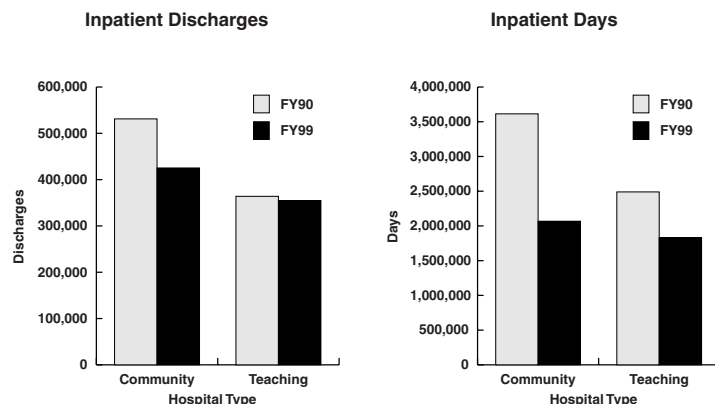
Endnotes

1. HealthCIO.com Newsletter, January 2000.
2. Presentation by Dr. John Halamka, February 16, 2000.
3. Health on the Net Foundation. *Fifth HON Survey on the Evolution of Internet Use for Health Purposes*, October/November 1999.
4. Federal Trade Commission, “Operation Cure.all Targets Internet Health Fraud,” press release, June 24, 1999.
5. Hersh, W. et al. “Applicability and Quality of Information for Answering Clinical Questions on the Web.” *JAMA*, October 21, 1998.
6. Mittman, R. and Cain, M. *The Future of the Internet in Health Care*. California HealthCare Foundation Report, January 1999.
7. Hafner, K. “A Credibility Gap in the Digital Divide.” *The New York Times*, March 5, 2000.
8. Goldsmith, J. “How will the Internet Change our Health System?” *Health Affairs*, January/February 2000.
9. Cyber Dialogue and the Institute for the Future. *Ethics Survey of Consumer Attitudes about Health Web Sites*. California HealthCare Foundation Report, January 2000.
10. Goldman, J. and Hudson, Z. *Privacy: Report on the Privacy Policies and Practices of Health Web Sites*. California HealthCare Foundation Report, January 2000.
11. Betz, K. “States Using Existing Tools to Crack Down on Illegal Internet Operators.” *Bureau of National Affairs Report*, February 14, 2000.
12. Pear, R. “Thais Help U.S. Stem Internet Sales of Medicines.” *The New York Times*, March 21, 2000.

Did you know?

Teaching Hospitals Have Gained Market Share Since 1990

One way to slow increasing health care costs is by steering patients to the lowest cost site of care appropriate to their condition, such as ambulatory centers and community hospitals, with tertiary hospitals used for specialized care. Since FY90, community hospitals have seen steeper declines in both inpatient discharges (20% versus 3% respectively) and inpatient days (43% versus 26%), but still account for the majority of Massachusetts discharges and days.



Source: Massachusetts Division of Health Care Finance and Policy hospital discharge data.

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